KINNIC LONG TERM CARE
1663 EAST DIVISION STREET
RIVER FALLS 54022

RIVER FALLS Phone: (715) 426-6000 Ownership: Non-Profit Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/01): 68 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/01): 68 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/01: 65 Average Daily Census: 67 *********************** ************************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	23. 1
Supp. Home Care-Personal Care	No					1 - 4 Years	52. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.7	More Than 4 Years	24. 6
Day Servi ces	No	Mental Illness (Org./Psy)	33. 8	65 - 74	4.6		
Respite Care	No	Mental Illness (Other)	3. 1	75 - 84	23. 1	İ'	100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	52. 3	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	12. 3	Full-Time Equivalen	t
Congregate Meals	No	Cancer	0. 0	ĺ		Nursing Staff per 100 Re	si dents
Home Delivered Meals	Yes	Fractures	4. 6	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	10.8	65 & 0ver	92. 3		
Transportation	No	Cerebrovascul ar	18. 5			RNs	8. 1
Referral Service	No	Di abetes	4.6	Sex	%	LPNs	10. 6
Other Services	No	Respi ratory	1. 5			Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	23. 1	Male	21.5	Aides, & Orderlies	31.8
Mentally Ill	No			Female	78. 5		
Provi de Day Programming for			100. 0		j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		Medicare Title 18			edicaid itle 19	_		0ther			Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of 3 All
Int. Skilled Care	0	0. 0	0	2	4. 3	132	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	2	3. 1
Skilled Care	2	100.0	331	39	83. 0	113	0	0.0	0	16	100.0	130	0	0.0	0	0	0.0	0	57	87. 7
Intermedi ate				6	12. 8	93	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	9. 2
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	2	100.0		47	100.0		0	0.0		16	100.0		0	0.0		0	0.0		65	100.0

KINNIC LONG TERM CARE

Admissions, Discharges, and Deaths During Reporting Period	ı	Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01								
beating builting Reporting Terrou	ı				Total					
Percent Admissions from:		Activities of	%		% Needing sistance of	% Totally	Number of			
Private Home/No Home Health	15.8	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents			
Private Home/With Home Health	7. 9	Bathi ng	0. 0		83. 1	16. 9	65			
Other Nursing Homes	13. 2	Dressi ng	9. 2		73. 8	16. 9	65			
Acute Care Hospitals	55. 3	Transferring	35. 4		46. 2	18. 5	65			
Psych. HospMR/DD Facilities	0.0	Toilet Use	29. 2		52. 3	18. 5	65			
Rehabilitation Hospitals	0. 0	Eating	61. 5		29. 2	9. 2	65			
Other Locations	7. 9	*************	******	*****	******	********	*****			
Total Number of Admissions	38	Continence		%	Special Treat		%			
Percent Discharges To:		Indwelling Or Externa		6. 2		Respi ratory Care	7. 7			
Private Home/No Home Health	17. 9	0cc/Freq. Incontinent	of Bladder	52. 3	Recei vi ng [Tracheostomy Care	0. 0			
Private Home/With Home Health	20. 5	0cc/Freq. Incontinent	of Bowel	30. 8	Recei vi ng S		0. 0			
Other Nursing Homes	2. 6				Recei vi ng (Ostomy Care	1. 5			
Acute Care Hospitals	10. 3	Mobility				Гube Feedi ng	0. 0			
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	4. 6	Recei vi ng 1	Mechanically Altered Die	ts 24.6			
Rehabilitation Hospitals	0.0									
Other Locations	0.0	Skin Care			Other Reside	nt Characteristics				
Deaths	48. 7	With Pressure Sores		3. 1	Have Advance	ce Directives	87. 7			
Total Number of Discharges		With Rashes		20.0	Medi cati ons					
(Including Deaths)	39	ĺ			Receiving l	Psychoactive Drugs	60. 0			

************************************* Ownershi p: Bed Size: Li censure: Nonprofit 50-99 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 98. 5 89. 4 1. 10 85. 1 1. 16 84.3 1.17 84. 6 1. 16 Current Residents from In-County 47.7 82.7 0.58 80.0 0.60 82.7 0.58 77. 0 0.62 Admissions from In-County, Still Residing 23.7 25.4 0.93 20.9 1. 13 21.6 1.10 20.8 1. 14 Admissions/Average Daily Census 56. 7 117.0 0.48 144.6 0.39 137. 9 0.41 128. 9 0.44 Discharges/Average Daily Census 58. 2 116.8 0.50 144. 8 0.40 139. 0 0.42 130.0 0.45 Discharges To Private Residence/Average Daily Census 22.4 42. 1 0.53 60. 4 0.37 55. 2 0.41 52.8 0.42 Residents Receiving Skilled Care 90.8 93.4 0.97 90. 5 1.00 91.8 0.99 85.3 1.06 Residents Aged 65 and Older 92.3 96. 2 0.96 94.7 0.97 92. 5 87. 5 1.00 1.06 Title 19 (Medicaid) Funded Residents 72.3 57.0 1.27 **58.** 0 1. 25 64.3 68. 7 1. 12 1.05 Private Pay Funded Residents 35. 6 32. 0 0.77 25.6 22. 0 1. 12 24. 6 0.69 0.96 Developmentally Disabled Residents 0.0 0.6 0.00 0.9 0.00 1. 2 7. 6 0.00 0.00 Mentally Ill Residents 36.9 37.4 0.99 33.8 1.09 37. 4 0.99 33. 8 1.09 General Medical Service Residents 23. 1 21.4 1.08 18. 3 1. 26 21. 2 1.09 19.4 1.19 49.3 Impaired ADL (Mean) 51.7 0.86 48. 1 0.93 49.6 0.90 0.91 44.6 Psychological Problems 60.0 52.8 1.14 51.0 1.18 54. 1 1. 11 51. 9 1. 16 Nursing Care Required (Mean) 7. 1 6. 4 1. 11 6. 0 1. 18 6. 5 1.09 7. 3 0.97